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# RESPONSE AFTER FINAL

Serial No.: 09/612,869

Atty. Docket No.: FMCV 0113 PUS

Examiner: Hai Vo

## SPECIAL STATUS

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Sandra D. Davis  
Typed/Printed Name of Attorney/Agent

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Case Docket No. FMCV 0113 PUS**AMENDMENT TRANSMITTAL**

In re application of: <b>SRINIVAS KOTHA ET AL.</b>	Serial No.: 09/612,869
	Filed: July 10, 2000
Title: <b>MOLDED PANELS HAVING A SOFT PAD ARMREST</b>	

To: Mail Stop AF  
Commissioner for Patents  
U.S. Patent & Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

\_\_\_\_ Applicant has previously claimed small entity status.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	Small Entity		Other Than Small Entity	
	Claims Remaining After		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total	* 22	minus	** 22	= 0	x 9 =	\$	x 18 =	\$ 0
Indep.	* 4	minus	*** 3	= 1	x 42 =	\$	x 84 =	\$ 84.00
First Presentation Of Multiple Dependent Claim					x 140 =	\$	x 280 =	\$
					Total Addit. Fee	\$	Or Total	\$ 84.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If "Highest No. Previously Paid For" is less than 20, write "20" in this space.  
 \*\*\* If "Highest No. Previously Paid For" is less than 3, write "3" in this space.

\_\_\_\_ A Petition fee under 37 C.F.R. § 1.17 has been calculated in the amount of \$\_\_\_\_ to cover a \_\_\_\_-month extension of time under 37 C.F.R. § 1.136(a).

Payment of fee(s) calculated above:

\_\_\_\_ No additional fee is required.

\_\_\_\_ A check in the amount of \$\_\_\_\_ to cover the additional filing fee and/or Petition fee is enclosed.

☒ Please charge my Deposit Account No. 02-3978 in the amount of \$84.00. A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-3978. A duplicate copy of this sheet is enclosed.

☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 C.F.R. § 1.17.

<b>CERTIFICATE OF FACSIMILE TRANSMISSION UNDER C.F.R. § 1.8</b>  I hereby certify that this paper, including all enclosures referenced to herein, is being facsimile transmitted to Examiner Hai Vo, Fax No. (703) 872-9311 Mail Stop AF, Commissioner for Patents, U.S. Patent & Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450.  <u>7-103</u> <u>Sandra D. Davis</u> Date of Transmission      Name of Person Faxing Signature <u>[Signature]</u>		Respectfully submitted,  <b>SRINIVAS KOTHA ET AL.</b>  <u>[Signature]</u> Seth E. Rodack Registration No. 45,622 BROOKS & KUSHMAN P.C. 1000 Town Center, 22nd Floor Southfield, Michigan 48075 -- (248) 358-4400
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